

WA - 1
29316
Medicine as a community of practice: implications for curricular design and competency-based education
<p>Rationale/Background: Communities of practice is a constructivist learning theory that proposes that the health professions are loci of social learning. Individuals voluntarily join a community, moving from legitimate peripheral participation to full membership, acquiring the identity of community members. To be defined as a community of practice there must be a domain over which the community exerts influence, shared values, and the presence of a practice consisting of knowledge and skills shared by community members. The knowledge base of the community is dynamic, being re-created as each individual member redefines it for themselves. Through a process of socialization, members are increasingly entrusted to occupy a more autonomous position within the community. Communities of practice appears to be an appropriate and useful educational theory to explain and support medical education in its transition to Competency Based Medical Education.</p> <p>Instructional Methods: Following a large group interactive discussion of the theory of communities of practice and its relationship to other learning theories, participants will discuss in small groups their learning environments as communities of practice. A second interactive discussion will present educational initiatives drawn from the literature that describe how best to design a curriculum that establishes and maintains a community of practice. Following a large group discussion, individuals will consider how to establish their learning environments as communities of practice as they transition towards Competency Based Medical Education.</p> <p>Target Audience: Those involved in undergraduate and postgraduate health professions education as teachers, educators, and curriculum developers.</p> <p>Learning Objective: At the end of the workshop, participants will be able to: describe the nature of a community of practice and its relation to the processes of identity formation and socialization; explain how the theory of communities of practice can assist in curricular design as programs transition to Competency Based Medical Education; and determine how explicitly establishing medicine as a community of practice in their learning environment can assist in creating a community that is welcoming and supportive.</p> <p>Reference: Cruess R.L., Cruess S.R. and Steinert Y. Medicine as a community of practice: implications for medical education. Acad Med. 2017. Available online, August, 2017</p>
Sylvia Cruess McGill, Robert Sternszus McGill, Yvonne Steinert McGill, Richard Cruess McGill, Richard Cruess McGill
10:00-11:30
Sunday, April 29, 2018
603

WA - 2

28927

Reviewing papers for medical education journals: The CMEJ experience

Rationale:

Reviewing papers for academic journals is an important contribution we can all make to the medical education community. Reviewing is also an excellent learning experience for both the authors and the reviewers. Unfortunately, reviewing is often a lonely activity with little specific feedback or opportunity to collaborate. Participants will learn about the peer review and decision making process at the CMEJ and work independently but mostly in small groups to review an actual submission (eventually published in the CMEJ) with support from the Editor and Associate Editors (AEs) at the CMEJ.

Instructional Methods:

- Introductions, overview of what to look for in a submission, and reasons for revisions and/or decline decisions (25 min)
- Participants will be assigned a previously reviewed submission to review (25 min)
 - o Editor and AEs will circulate and provide assistance as needed
- Participants will form small groups according to the submission reviewed and compare their observations and critiques (30 min)
 - o Editor and AEs will monitor each group and provide assistance as needed
- Final summary, further questions, and wrap-up (10 min)

Target audience

This workshop is for all faculty, residents, and students interested in strengthening their skills in critical appraisal and advancing their contribution to medical education in Canada.

Learning Objectives

Participants will be able to

- Apply (and/or better apply) 2-3 skills in reviewing medical education papers
- Navigate the CMEJ website for reviewing submissions
- Anticipate tasks, features, and reminders associated with the CMEJ reviewing process
- Feel more comfortable with and therefore eager to review for medical education journals, the CMEJ in particular

Douglas Archibald University of Ottawa, Marcel D'Eon University of Saskatchewan, Douglas Archibald University of Ottawa

10:00-11:30

Sunday, April 29, 2018

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WA - 3
29162
Threshold Concepts in Medical Education - What's tripping up your learners?
<p>BACKGROUND: Threshold concepts (TC) are defined as ideas within a field that are troublesome, integrative, and transformational for learners. While they are challenging on first encounter, once embraced TC fundamentally alter how learners understand a field or subject. Teachers can have difficulty presenting TCs clearly, especially if they have not been explicitly recognized as such. The TC approach provides a rationale for allocation of limited instructional time, encouraging teachers to give potentially impactful topics more deliberate attention. TC have been identified in many disciplines, but have received less notice in medical education. This workshop introduces participants to the theory of threshold concepts, and outlines approaches to supporting learners as they encounter TC in classroom and clinical settings.</p> <p>INSTRUCTIONAL METHODS: In this workshop, participants will work through two video-based case scenarios of TC: 1) a small-group leader reviewing brainstem neuroanatomy with a medical student, and 2) a staff physician teaching a resident how base rates of disease affect screening test interpretation. Using worksheets and group discussions, they will define a TC in their own teaching context and develop a plan for approaching it with learners.</p> <p>AUDIENCE: Educators teaching in classroom and clinical settings at all levels of training.</p> <p>OBJECTIVES: Participants will be able to a) describe and identify threshold concepts encountered by learners b) adapt their teaching to support learners as they work with/through these concepts.</p> <p>REFERENCE: Neve H et al. (2016) What are threshold concepts and how can they inform medical education? <i>Medical Teacher</i> 38(8):850-853.</p>
Lara Hazelton Dalhousie University, Shelagh Crooks Saint Mary's University, Paul Muir Saint Mary's University
10:00-11:30
Sunday, April 29, 2018
609

WA - 4
29052
Interviewing with drawing, walking, picture taking, and filming: Exploring methods for enhancing qualitative data collection
<p>BACKGROUND</p> <p>While useful at eliciting insights of participants' experiences, traditional research interviews can fail to capture the depth and breadth of an individual's story. Drawing upon social sciences and other disciplines, there are many techniques that can enrich interview data by making <u>visible</u> the <u>unverbalizable</u>. Methods including <u>Rich Pictures</u>, <u>Guided walks</u>, <u>Photovoice</u> / Photo elicitation and <u>Point of View (PoV) filming</u> can help interviewers gain a deeper understanding of participants' experiences. These techniques allow interviewers to empathize with participants about his/her particular experience that is being researched, while also providing a new communication register for individuals and communities whose language abilities are limited. However, since these techniques are new to many scholars in medical education, it is difficult to know which one is best suited to their study. This workshop provides participants with background information and hands on experience with a variety of such techniques.</p>
<p>INSTRUCTIONAL METHODS</p> <p>This workshop can accommodate 25 participants. The session will begin with a general introduction to qualitative interviews and their purposes. Next, this workshop uses a world café format wherein participants experience both didactic and hands-on-experience with <u>Rich Pictures</u>, <u>Guided walks</u>, <u>Photovoice</u> / Photo elicitation and <u>Point of View (PoV) filming</u>. The session concludes with a group discussion about the practical and ethical considerations of using these techniques. Colouring pens, cameras, and video glasses will be provided and used!</p>
<p>TARGET AUDIENCE</p> <p>This workshop is designed for health profession researchers and educators who are involved (or interested in becoming involved) in intermediate- to advanced-level qualitative research. Participants are encouraged to bring their qualitative research questions to the workshop for discussion and expert consultation.</p>
<p>LEARNING OBJECTIVES</p> <p>This workshop will introduce participants to a range of methods that can enhance qualitative research interviews. Specifically, participants will (1) learn some key principles of successful interviewing, (2) collect some unconventional, but highly productive, interviewing strategies, and (3) understand the pitfalls and the possibilities of enhanced interviewing techniques. We expect that participants will gain sufficient theoretical and practical skills to begin employing visual methods in their research. This highly interactive session will support networking amongst a community of like-minded researchers.</p>
Lara Varpio Uniformed Services University of the Health Sciences, Sayra Cristancho Western University, Tim Dubé McGill, Gerry Gormley Queen's University Belfast, Kori LaDonna University of Ottawa, Elise Paradis University of Toronto
10:00-11:30
Sunday, April 29, 2018
611

WA - 5
29283
Planning and Facilitating Effective Workshops: Move from Okay to Wow
<p>RATIONALE/BACKGROUND</p> <p>It is likely you have attended workshops and have probably delivered a few yourself. You are no doubt aware that delivering effective workshops requires a skill set that individuals can hone and refine - but as we tell our learners, just doing something more frequently makes us comfortable but not necessarily better. So why not explore how to improve the planning and execution of workshops so participants of your future workshops will be more likely to enjoy themselves as well as learn, utilize, and retain the content you teach? As two experienced and comfortable presenters, we explored the literature around creating effective learning environments within workshops and developed this session.</p>
<p>INSTRUCTIONAL METHODS</p> <p>Active learning methods starting with content delivered through micro-teaches then applied utilizing tasks (individual and group), discussion, and problem solving. We model the methods we want people to learn about.</p>
<p>TARGET AUDIENCE</p> <p>Those who are new to workshop facilitation or who have delivered any number of workshops but feel they would like to improve their skills.</p>
<p>LEARNING OBJECTIVES</p> <p>By the end of this session you will be able to:</p> <ol style="list-style-type: none"> (1) Utilize active learning principles within any workshop you facilitate. (2) Identify and correct ten common reasons participants get bored and lose focus in workshops. (3) Manage behaviours exhibited by difficult workshop participants. (4) Apply a three step framework to guide workshop planning and delivery. (5) Leave with new strategies you would like to try with your next workshop.
Brent Kvern University of Manitoba
10:00-11:30
Sunday, April 29, 2018
612

WA - 6
28980
Resiliency Program : Learn to "Bounce back"
<p>Epstein and Krasner define resilience as the ability of an individual to respond to stress in a healthy, adaptive way such that personal goals are achieved at minimal psychological and physical cost; resilient individuals not only 'bounce back' rapidly after challenges but also grow stronger in the process.</p> <p>It was shown that approximately 50% of medical students experience burnout (2008) and approximately 9% of medical students experience suicidal ideation (2014). Medical students have a higher prevalence of psychological distress compared to the general population and age-matched peers. The contributing factors are a demanding work load, bullying in the medical school environment and financial pressures.</p> <p>At the end of this training program, the learner will be able to:</p> <ul style="list-style-type: none"> * Explain Resiliency and the importance of resiliency in medical school, residency and their professional careers, particularly how it contributes to wellness and self-care * Discuss the many components, skills and factors that contribute to one's ability to be resilient * Perform a Self-Evaluation to determine their current levels of personal wellness and resiliency * Demonstrate methods, techniques and tools which can be used to improve resiliency in both their personal and professional lives. * Identify and utilize resources to improve their wellness and resiliency <p>* resilience program is a training program composed of 4 workshops given in each year of medical school at the University of Ottawa. The sessions will be interactive and will involve active participation of the audience. They will be provided with material complete during the presentation such as questionnaires, resilience reports, resilience quotient handout, life-balance wheels, SMART goals, perfectionism scale. This will be discussed further in order to understand how to measure resilience and how to present it and teach it in the medical curriculum. Also, a video presentation and discussion will be animated. The participants will work in groups to illustrate the ABCDE method for managing personal adversity, create personal and professional "SMART Goals", articulate their personal values, priorities and goals, and illustrate how these concepts impact professional practice.</p> <p>This workshop targets students, residents, assistant dean student affairs, faculty wellness, counsellors and any faculty member interested in well-being.</p>
Kay-Anne Haykal University of Ottawa, Kay-Anne Haykal University of Ottawa, Tayler Bailey University of Ottawa
10:00-11:30
Sunday, April 29, 2018
613

WA - 7
30353
Promoting ethical use of stories in medical education through dialogue and a narrative accountability framework
<p>Background</p> <p>Stories are commonly used in medical education. From problem-based vignettes, to case presentations and publication of compelling patient encounters as narrative essays, many of these stories originate from authentic clinical experiences. Traditional ethical use of stories in medicine emphasizes anonymity and consent, using principlist ethics (non-maleficence, autonomy, beneficence and justice). In this workshop, we introduce participants to narrative ethics as a means to reflect on accountable use of stories in medical education. Narrative ethics foregrounds mutual respect, dignity, and connectedness between participants, to acknowledge the co-constructed nature of stories. These approaches are particularly pertinent to relationship-centered care and the promotion of reciprocity between patients and practitioners. We will compare and contrast principlist and narrative ethics to generate a discussion on ethical use of stories in medical education. Participants will leave with ideas of how to promote accountable use of stories in clinical practice and education, through application of narrative ethics.</p> <p>Instructional Methods</p> <p>Introductions and setup (5min). Brainstorm on use of stories in healthcare education (full group, 10min). Participants will be asked to reflect on an example of a clinical story they have used with learners and write a brief account of this story (individual activity, 8min). Participants will explore ethical issues presented by their use of story (small group, 12min). Drawing on the literature and their experience as clinicians, educators, and researchers, facilitators will introduce concepts from narrative and relational ethics and present a novel framework to examine some of the ethical dilemmas of using stories in healthcare education (full group, 15min). Participants will apply the framework to an exemplar shared by a group member (small groups, 22min). Strategies will be generated to promote narrative accountability and judicious use of story and to mitigate risk to patients, physicians, and our profession (full group, 18 min).</p> <p>Target audience: all</p> <p>Learning Objectives</p> <p>At the conclusion of this workshop, participants will be able to:</p> <ol style="list-style-type: none"> 1. Identify ethical issues associated with use of clinical stories in medical education. 2. Analyze the implications of using clinical stories. 3. Generate strategies to promote accountable use of stories in medical education.
Lara Nixon University of Calgary, Martina Kelly University of Calgary, Lara Nixon University of Calgary
10:00-11:30
Sunday, April 29, 2018
614

WB - 1
29724
Simulation for learning and assessment in CBME: using it wisely
<p>BACKGROUND</p> <p>Stories are commonly used in medical education. From problem-based vignettes, to case presentations and publication of compelling patient encounters as narrative essays, many of these stories originate from authentic clinical experiences. Traditional ethical use of stories in medicine emphasizes anonymity and consent, using principlist ethics (non-maleficence, autonomy, beneficence and justice). In this workshop, we introduce participants to narrative ethics as a means to reflect on accountable use of stories in medical education. Narrative ethics foregrounds mutual respect, dignity, and connectedness between participants, to acknowledge the co-constructed nature of stories. These approaches are particularly pertinent to relationship-centered care and the promotion of reciprocity between patients and practitioners. We will compare and contrast principlist and narrative ethics to generate a discussion on ethical use of stories in medical education. Participants will leave with ideas of how to promote accountable use of stories in clinical practice and education, through application of narrative ethics.</p> <p>INSTRUCTIONAL METHODS</p> <p>Introductions and setup (5min). Brainstorm on use of stories in healthcare education (full group, 10min). Participants will be asked to reflect on an example of a clinical story they have used with learners and write a brief account of this story (individual activity, 8min). Participants will explore ethical issues presented by their use of story (small group, 12min). Drawing on the literature and their experience as clinicians, educators, and researchers, facilitators will introduce concepts from narrative and relational ethics and present a novel framework to examine some of the ethical dilemmas of using stories in healthcare education (full group, 15min). Participants will apply the framework to an exemplar shared by a group member (small groups, 22min). Strategies will be generated to promote narrative accountability and judicious use of story and to mitigate risk to patients, physicians, and our profession (full group, 18 min).</p> <p>TARGET AUDIENCE: all</p> <p>LEARNING OBJECTIVES</p> <p>At the conclusion of this workshop, participants will be able to:</p> <ol style="list-style-type: none"> 1. Identify ethical issues associated with use of clinical stories in medical education. 2. Analyze the implications of using clinical stories. 3. Generate strategies to promote accountable use of stories in medical education.
Briseida Mema University of Toronto, Anne Kawamura University of Toronto, Maria Mylopoulos University of Toronto, Dominique Piquette University of Toronto
15:00-16:30
Sunday, April 29, 2018
603

WB - 2
29685
Supporting trainees with disabilities in medical education: Understanding and navigating the formal and hidden curriculum
<p>Rationale/ Background: Simulation is an attractive adjunct for teaching, learning and assessment in Competency Based Medical Education (CBME). While simulation augments learning from clinical experiences it is not a panacea for all our challenges in training and assessment and should be used wisely. While training to mastery has proven effective, there are still obstacles to the transfer of skills from simulation to bedside such as the complexity of real life, consequences to patient care and ability to troubleshoot the unexpected. Simulation models that incorporate variability (many cases), active experimentation in a safe environment, and feedback from multiple perspectives (peers, faculty, standardized patients, and parents) are known to promote learning and the development of flexible and innovative approaches to problem solving.</p> <p>Presenters will share their experience using simulation for technical and non-technical skills training, discussing elements of simulation that promote transfer of skills and prepare trainees for future learning. Participants will apply this knowledge to their own use of simulation to encourage trainees to learn from new experiences, make effective use of resources and develop flexible solutions for complex situations.</p> <p>Instructional Methods: Participants will be presented with a simulation curriculum and a short video of a simulation session. Using large group reflection and discussion we will highlight the effective use of simulation and obstacles to transfer skills gained from simulation to bedside. Presenters will use a “case study discussion” to explore how different simulation curricula can be integrated with bedside experiences and supported by proper supervision and ask participants to reflect on their own contexts. Large group discussion on instructional design that promotes adaptive expertise and preparation for future learning.</p> <p>Target audience: intermediate</p> <p>Learning objectives: Discuss elements of simulation that promote transfer of learning to the bedside Explore how educators can optimize simulation experiences with further clinical experiences and supervision for achievement of competence Discuss instructional design elements that enable preparation for future learning</p> <p>References: Acad Med. 2016 Nov;91(11):115-123. PREPARATION FOR FUTURE LEARNING: A MISSING COMPETENCY IN HEALTH PROFESSIONS EDUCATION? Mylopoulos M, Brydges R, Woods N, Manzone J, Schwartz DL.</p>
Erene Stergiopoulos University of Toronto, Erene Stergiopoulos University of Toronto, Arno Kumagai University of Toronto, Jana Lazor University of Toronto, Maria Athina (Tina) Martimianakis University of Toronto
15:00-16:30
Sunday, April 29, 2018
604

WB - 3
29343
Sharing skills for effective and successful mentoring
<p>RATIONALE/BACKGROUND: Medical students with disabilities are historically under-reported and under-supported by their training institutions. They may experience stigma from peers and teachers, and face barriers to disclosure and support at both individual and systems levels. Previous Canada-wide research shows that institutional discourses around disability and academic performance hold material implications for curricular content, clinical teaching, and the availability of supports in medical school. This workshop aims to highlight these effects, and will create space for medical educators to reflect and engage in dialogue around de-stigmatizing disability in medicine's formal and hidden curricula, while recognizing experiences with disability as sources of expertise for delivering compassionate care.</p> <p>INSTRUCTIONAL METHODS: A brief didactic introduction will profile recent evidence on the experiences of medical students with disabilities, and the relational, cultural, and structural influences that contribute to those experiences. Following this, the workshop will present two interactive case studies to provoke audience discussion and collective problem solving around real-life challenges in guiding and teaching students who may have a disclosed or undisclosed disability. In a final debrief session, we will solicit feedback, answer questions, and open the space for dialogue where educators can share both informal techniques and institutional strategies to ensure equitable educational experiences among a diverse medical student population. In doing so, we also hope to build a discussion around how institutions can best support faculty so that they are prepared to facilitate learning and create safe educational environments for students with disabilities.</p> <p>TARGET AUDIENCE: * Medical educators (frontline teachers, clinical preceptors, curriculum designers, faculty developers) * Student services staff (administrators, student affairs staff, personal counselors, accommodations coordinators)</p> <p>LEARNING OBJECTIVES: * Understand the effects of the formal and hidden curriculum on the educational experiences of medical students with disabilities * Develop general frameworks for approaching and supporting students with disabilities in both classroom and clinical teaching environments * Understand issues surrounding disclosure of disability, and appropriate pathways to support for students in need</p>
Martina Kelly University of Calgary, Jocelyn Lockyer University of Calgary, Ian Epstein Dalhousie University, Martina Kelly University of Calgary
15:00-16:30
Sunday, April 29, 2018
609

WB - 4

29461

HOW THE VISUAL ARTS CAN IMPROVE COMMUNICATION SKILLS, ENABLE DISCUSSION AND PERSONAL REFLECTION ABOUT DEATH AND DYING

Mentoring is associated with enhanced career development and academic progression. Recent reviews in medical education advocate for increased uptake of mentoring across the learning continuum – from medical student to senior academic. Yet opportunities to ‘learn’ how to be a good mentor or mentee are relatively infrequent – people learn through trial and error, through being mentors or based on experiences as mentees. In this workshop, we create an opportunity to exchange experiences and draw on the current evidence base of research in mentoring in medical education to reflect, refine and enhance mentoring relationships.

Instructional methods: Following introductions (5 minutes), participants will be invited to reflect on their experience of mentoring to answer the question ‘what is a mentor’, in pairs (5 minutes). Answers from this exercise will be used to stimulate a large group discussion on the differences between mentoring, coaching and supervision (10 minutes). Participants will then be asked to think of a mentor and reflect on what makes a good mentor and what difference that mentor made (pairs, 5 minutes). This will be followed by a brief didactic presentation, grounded in the medical education literature, on characteristics of successful mentor / mentee relationship and the evidence underpinning mentoring in medical education (10 minutes, and 5 minutes for questions). Next, participants will brainstorm, in a large group on challenges of mentoring from the perspective of a mentor and mentee (10 minutes). Participants will discuss different strategies to address common challenges by working through cases in small groups (20 minutes). The workshop will conclude with large group feedback and generation of a list of take-home tips for success (10 minutes). Handouts and an up-to-date bibliography will be made available to workshop participants.

Target Audience: Mentors and mentees at all stages, in all domains (clinical, research, teaching, interdisciplinary).

Learning objective: after this workshop, participants will be able to

Define and describe mentoring

Identify the characteristics of an effective mentor / mentee relationship

Discuss strategies to mitigate pitfalls and address mentoring challenges

MARK GILBERT Dalhousie University, WENDY STEWART Dalhousie University

15:00-16:30

Sunday, April 29, 2018

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WB - 5
29334
FACULTY DEVELOPMENT FOR ORGANIZATIONAL CHANGE: A CRITICAL IMPERATIVE
<p>RATIONALE/BACKGROUND</p> <p>For the majority of individuals who enter medicine, the focus is on curing the patient. This notion is prevalent in society as well, and we often go to extreme lengths to maintain life. Death is not a comfortable topic for medical professionals or most lay persons. When we engage with artistic images depicting illness and the end of life, we are invited to consider what we may fear most. This workshop shares a series of drawings carried out by Scottish artist, Norman Gilbert, as he kept vigil his wife of 65 years, Pat, as she lay dying in a hospital bed of Alzheimer’s related illness.</p> <p>This workshop offers a novel approach to exploring how clinical scenarios might be informed and managed as a result of observation, discussion, and engagement with visual artworks depicting end of life.</p> <p>LEARNING OBJECTIVE</p> <ul style="list-style-type: none"> * Reflect on the potential of engaging with artistic representations of death and dying to engage in discussions around end of life care. * Explain how techniques used in visual art observation can encourage empathy and understanding.. * Apply the use of the visual arts to a clinical or teaching experience in your own setting. <p>TARGET AUDIENCE</p> <p>All trainees and health professionals who encounter death as part of their clinical practice..</p> <p>INSTRUCTIONAL METHODS</p> <ul style="list-style-type: none"> * The workshop will start with a short didactic presentation describing Norman Gilbert’s drawings and his verbal descriptions on the circumstances of their making. * Facilitated, interactive discussion responding to historical, artistic depictions of death and dying, allowing participants to exchange observations, memories and associations with each other. * In small breakout groups, integrate the visual arts into an example of their own teaching practice, care for patients and clinical environment.
Miriam Boillat McGill, Yvonne Steinert McGill
15:00-16:30
Sunday, April 29, 2018
612

WB - 6
29622
Asset-Based Community Service Learning in Undergraduate Medical Education
<p>RATIONALE/BACKGROUND</p> <p>Implementing new educational paradigms, such as competency-based medical education, requires widespread shifts in organizational culture. Although faculty development traditionally focuses on individual development and renewal, hoping that individuals will bring about organizational change, this may not always be the case. In fact, faculty development also has a critical role to play in specifically promoting organizational change. With this lens, the organization becomes the “client” of faculty development initiatives. This workshop will discuss faculty development as an instrument of organizational change and will consider various__strategies to enhance its impact.</p> <p>INSTRUCTIONAL METHODS</p> <p>The workshop will consist of three components:</p> <ol style="list-style-type: none"> 1) A brief plenary on key concepts in faculty development for organizational change. 2) An interactive game to explore a variety of faculty development strategies and approaches to support organizational change. 3) A small group discussion where participants will be invited to consider how faculty development might be used for organizational change within their own context, using competency-based medical education as an example where appropriate. <p>TARGET AUDIENCE</p> <p>The workshop is intended for educators with experience or interest in the design and delivery of faculty development programs, who wish to explore faculty development as an instrument of organizational change.</p> <p>LEARNING OBJECTIVES</p> <p>Participants will be able to:</p> <ol style="list-style-type: none"> 1) Discuss the role of faculty development as an instrument of organizational change. 2) Describe faculty development approaches and strategies that are effective in the process of organizational change. 3) Articulate the role of faculty development for organizational change in their setting, with a potential focus on the shift to competency-based medical education. <p>REFERENCES</p> <ol style="list-style-type: none"> 1. Jolly BC. Faculty development for organizational change. __ In: Steinert Y, editor. Faculty development in the health professions: a focus on research and practice. Dordrecht: Springer Publishing; 2014. p.119-140. 2. OSullivan PS, Irby DM. Reframing research on faculty development. Acad Med. 2011;86(4):421-428. 3. Steinert Y, Cruess RL, Cruess SR, Boudreau JD, Fuks A. Faculty development as an instrument of change: a case study on teaching professionalism. Acad Med. 2007;82(11):1057-1064. <p>Sarah Peddle Dalhousie University, Sarah Peddle Dalhousie University, Dr. Robert C. Carlin McGill, Roxanne Wright University of Toronto, Dr. Jill Konkin University of Alberta, Dr. Ian Whetter University of Manitoba, Shawna O'Hearn Dalhousie University, Dr. Jill Allison Memorial – University of Newfoundland, Dr. Anne Andermann McGill, Chelsea Jalloh University of Manitoba, Theresa Suart Queen’s University, Karen Cook University of Manitoba</p>
15:00-16:30
Sunday, April 29, 2018
613

WC - 1
29877
Tools for Teachers in Competency-Based Medical Education: The Fundamental Teaching Activities Resource Repository
<p>BACKGROUND: Although Canadian Medical Schools have been engaged in community experiential learning for decades, the inclusion of service learning as accreditation standard 6.6 (Committee on Accreditation of Canadian Medical Schools, 2015) has helped to formalize meaningful community engagement in undergraduate medical education (UGME). With this formalization comes an opportunity to explore community service learning (CSL) with a growing propensity towards the use of asset-based community development (ABCD) approaches. We seek to mobilize the learnings from the workshop to enhance the outcomes and impacts of our CSL programs but also to build and sustain an emerging Canadian Community of Practice for CSL in UGME.</p> <p>INSTRUCTIONAL METHODS:</p> <ul style="list-style-type: none"> * Registered participants will be sent a form to record the key elements of CSL programs at their institutions. At the workshop, we will share current models of CSL (i.e., definition of CSL, curricular or co-curricular, deliverables, hours, reflection tools, assessment rubrics, etc). Discussion will also explore how CSL differentiates from other types of experiential learning with key terms being recorded. * Small break out groups will sort the key terms using a Participatory Action Research (PAR) technique called "Free List and Pile Sort." We will categorize and prioritize key elements of CSL in our UGME programs. Following the full group report back we will explore what's missing and why. * Examine and discuss how an ABCD approach can be applied in practice and how it could be used to augment our current evaluation approaches. * Determine how to enhance the emerging Canadian Community of Practice for CSL in UGME, develop on-going mechanisms for knowledge sharing, and the establishment of wise practices in CSL in UGME in Canada based on the key elements identified during this session. <p>TARGET AUDIENCE: CSL facilitators, participants, or anyone with an interest in social accountability, or community engagement.</p> <p>LEARNING OBJECTIVES</p> <ul style="list-style-type: none"> * Achieve an enriched understanding of key elements and principals of CSL in UGME * Apply the critical lens of ABCD to current CSL programs and evaluation practices * Acquire knowledge of how to actively participate in on-going knowledge sharing and participation in the emerging Canadian Community of Practice for CSL in UGME
Allyn Walsh McMaster University, Miriam Boillat McGill, Viola Antao University of Toronto, Cheri Bethune Memorial – University of Newfoundland, Vina Broderick Memorial – University of Newfoundland, Paul Miron Northern Ontario School of Medicine, Linda Snell McGill, Marie-Claude Vanier Université de Montréal, Sudha Koppula University of Alberta
8:30-10:00
Monday, April 30, 2018
603

WC - 2
29876
Who wants feedback? Adapting feedback conversations to learners.
<p>RATIONALE/BACKGROUND:</p> <p>The introduction of competency-based medical education requires that teachers be supported for the changing emphasis in their work. The Faculty Development Education Committee of the College of Family Physicians of Canada (CFPC) Section of Teachers has developed an online password-free repository of teaching resources to accompany the Fundamental Teaching Activities Framework. This interactive session is meant to introduce the repository those responsible for preparing teachers for their roles as well as the teachers themselves at all levels of experience working in diverse settings, and have them consider how the might apply the tools in their context.</p> <p>INSTRUCTIONAL METHODS:</p> <ul style="list-style-type: none"> * Introduction of presenters and participants (5min) * Plenary discussion on the utility of a national repository of resources for teachers with participants using their own teaching experiences. (15min) * The current online repository on the CFPC website will be presented. (10min) * Participants will use the existing repository to develop approaches to several teaching scenarios commonly encountered in competency-based medical education. (20min) * Participants will be asked to identify potential barriers to using the repository. Strategies to overcome them will be discussed. (10min) * Participants will be invited by the CFPC Faculty Development Education Committee to identify additional tools and resources to be considered for inclusion in the repository. (15min) * Interactive wrap-up discussion, questions and reflection from participants (15min) <p>TARGET AUDIENCE:</p> <p>Clinical preceptors, teachers outside of the clinical setting (e.g. large and small group teaching), and educational leaders</p> <p>LEARNING OBJECTIVES:</p> <ul style="list-style-type: none"> * To articulate the need for a national repository of resources for clinical teachers. * To help participants navigate the repository * To apply the tools included in the repository to common teaching scenarios. * To discuss potential barriers to the use of the repository and strategies to overcome them. * To identify additional faculty development resources for inclusion in the repository.
Roze des Ordons Amanda University of Calgary, Amanda Roze des Ordons University of Calgary, Jonathan Gaudet University of Calgary, Jocelyn Lockyer University of Calgary, Adam Cheng University of Calgary, James Downar University of Toronto
8:30-10:00
Monday, April 30, 2018
604

WC - 3
29756
Moving Beyond Pleasantries: Bringing Multiple Perspectives into Dialogue in Health Professions Education
<p>BACKGROUND: With an increasing focus on competency-based medical education (CBME) and workplace-based assessments, clinical preceptors will need to have regular feedback conversations that help learners recognize strengths and gaps in knowledge, skills and attitudes, and coach them to achieve the milestones and entrustable professional activities required for competence and clinical excellence (1). While many preceptors have a basic approach to feedback, they are uncertain how to individualize their approach to different learners, particularly in response to variations in learner performance, insight, receptivity to feedback and distress (2). Helping preceptors adapt feedback to challenging situations has not previously been given much attention. Our recent work has identified the particular challenges that preceptors experience in adapting feedback, and approaches to meet these challenges (3).</p> <p>INSTRUCTIONAL METHODS: This will be a multimodal and highly interactive session. The workshop will begin with a brief instructor-led presentation on the challenges of feedback within a CBME framework. This will be followed by small group discussion of how feedback can be adapted to learners with different levels of skill, insight and confidence, and learners experiencing distress. Participants will then have the opportunity to practice approaches to adapting feedback to challenging scenarios, accompanied by group debriefing.</p> <p>TARGET AUDIENCE: Advanced educators. Participants should have experience with feedback conversations.</p> <p>LEARNING OBJECTIVES:</p> <ul style="list-style-type: none"> * Describe challenges in adapting feedback to different learners. * Identify strategies to individualize feedback to variations in learner skill, insight, confidence and distress. * Practice an approach to adapting feedback conversations to challenging situations. <p>REFERENCES:</p> <ol style="list-style-type: none"> 1. Carraccio C, Englander R, Van Melle E, ten Cate O, Lockyer J, Chang M, Frank J, Snell L. Advancing competency-based medical education: a charter for clinician-educators. <i>_Acad Med_</i>. 2016;91(5):645-649. 2. Kogan JR, Conforti LN, Bernabeo EC, Durning SJ, Hauer KE, Holmboe ES. Faculty staff perceptions of feedback to residents after direct observation of clinical skills. <i>_Med Educ_</i>. 2012;46(2):201-215. 3. Roze des Ordons AR, Cheng A, Gaudet J, Downar J, Lockyer J. Adapting feedback to individual residents: An examination of preceptor challenges and approaches. <i>_In submission._</i> <p>Laura Nimmon University of British Columbia , Laura Nimmon University of British Columbia , Brett Schrewe University of British Columbia , Anneke van Enk University of British Columbia</p>
8:30-10:00
Monday, April 30, 2018
609

WC - 4
29812
Coaching for Competence in Collaborative Practice: Practical Resources for the Clinical Preceptor
<p>RATIONALE/BACKGROUND</p> <p>The number of conceptual approaches employed by researchers and educators has multiplied in health professions education (HPE) in recent years. However, this development comes with an implicit set of challenges that, if not thoughtfully attended to, may undo the creative potential inherent in drawing on multiple traditions to shape our research and educational practices. It is easy to remain at a level of superficial understanding that results in co-existing silos of thought, or unreflective synthesis of conceptual approaches. Negotiating perspectives and grappling with resulting tensions is arduous work, yet the nuanced connections that emerge can more richly inform how we educate health professionals.</p> <p>Workshop participants are invited to explore this challenge. In addition to honing fluency in several conceptual approaches, they will consider how to bring perspectival differences into productive dialogue. We devote the first part to illustrating how perspectives from which we work respectively – phenomenology, social network theory, and discourse analysis – allow us to notice different aspects of a hypothetical clinical encounter. In the second part, participants will, in small and large group discussion, explore aligning these perspectives in ways that take collective advantage of their insights, yet acknowledge their differences. To focus the discussion, we ask how both these alignments and divergences might be applied to research questions or practical problems with which participants are currently engaging.</p> <p>INSTRUCTIONAL METHODS</p> <p>5 min: Introduction to workshop</p> <p>30 min: Presentation and illustrative application of phenomenology, social network theory, and discourse analysis. Examination of the same hypothetical clinical encounter to answer the question: What is happening here?</p> <p>10 min: Large group discussion: Exploring whether and how these approaches can be combined to better understand “what is going on” in the clinical encounter</p> <p>30 min: Facilitated small groups: Applying at least two approaches presented to an HPE topic of mutual concern – considering alignments and differences</p> <p>15 min: Reporting back: Reflecting on affordances and challenges encountered in small groups</p> <p>TARGET AUDIENCE</p> <p>General</p> <p>LEARNING OBJECTIVE</p> <p>To explore how three conceptual perspectives in HPE frame the same encounter differently, and how these differences may be harnessed in a productive manner in clinical education and scholarship</p> <p>Christie Newton University of British Columbia , Ivy Oandasan The College of Family Physicians of Canada, Deborah Kopansky-Giles University of Toronto, Christie Newton University of British Columbia , Ivy Oandasan The College of Family Physicians of Canada</p>
8:30-10:00
Monday, April 30, 2018
611

WC - 5
29748
Programmatic Approach to Competency Based Assessment: the Canadian Family Medicine Experience
<p>Background and Rationale: Collaborative practice competencies are essential for safe, effective practice in today's health care system. Providing learners with interprofessional teaching and assessment opportunities is a requirement for accreditation in Medicine and other health professional programs. At the same time, competency based education (CBME) is changing the way we teach and assess learners. Preceptors are challenged to efficiently identify and assess collaborator role competencies in clinical training. To address these challenges, the Collaborator Role Working Group of the College of Family Physicians of Canada (CFPC) assimilated and developed practical resources that leverage specific elements of the observable behaviours to support a clinical coaching approach to assist learners in developing collaborative practice competencies. By providing these tools we expect to not only facilitate these processes, but also enhance the transition to CBME and the consistency of programming across the country. In doing so we can ensure that health professional learners are supported in the attainment of these Collaborator Role competencies.</p> <p>Purpose and Learning Objectives This session is designed to introduce educators in medicine and other health professions to a coaching model that will support the teaching and assessment of the collaborator role competencies. With reference to CanMEDS 2015 and CanMEDS-FM 2017 and the CFPC Fundamental Teaching Activities Framework, this interactive workshop will have participants reflect on how they are currently teaching and assessing the collaborator role competencies within their contexts focusing in particular in the workplace; compare these opportunities with identified best practices for CBME in Canada; and consider how the CFPC coaching resources for the Collaborator Role can support their teaching and assessment of collaborative practice competencies.</p> <p>Learning objectives: By the end of this workshop participants will be able to: 1. Identify opportunities to teach and assess the collaborator role in their teaching context. 2. Describe CBME strategies for the collaborator role in Canada 3. Access and apply the CFPC Collaborator Role teaching and assessment resources.</p>
Kathy Lawrence The College of Family Physicians of Canada, Theresa van der Goes The College of Family Physicians of Canada, Karen Schultz The College of Family Physicians of Canada, Tom Crichton The College of Family Physicians of Canada, Tom Laughlin The College of Family Physicians of Canada, Mike Donoff The College of Family Physicians of Canada, Carlos Brailovsky The College of Family Physicians of Canada, Cheri Bethune The College of Family Physicians of Canada
8:30-10:00
Monday, April 30, 2018
612

WC - 6

29824

Implementing CBME: Using change management principles to facilitate transformation of your program

Abstract

To facilitate development of competence, postgraduate medical education requires continuous and comprehensive assessment and feedback conducted where residents train and subsequently practice. This leads to providing authentic and meaningful assessment in the real world of busy clinical practice.

The College of Family Physicians of Canada has developed a system of Continuous Reflective Assessment For Training (CRAFT) to provide a cohesive approach to programmatic competency-based assessment for residents in training. The model involves a system of regular formative assessments in the workplace, accompanied by regular performance reviews to reflect on progress and modify training as necessary.

Importance to Educators

The workshop will share information on the process for Programmatic Assessment within Canadian Family Medicine residency training. Participants will have the opportunity to reflect on this information and discuss their own institution's current processes. It will allow participants the opportunity to share their program's approach to in-training assessment, including the necessary preparation and documentation, as well as to share possible enhancements to their program's approach to Competency-based Assessment.

Instructional Methods:

- * Didactic presentation on Competency-based In-training Assessment in the context of Postgraduate Family Medicine in Canada - 10 min
- * Large Group Discussion Q and A - 10 Min
- * Small Group Discussion - Responsibilities for in-training assessment within participant's program - 20 min
- * Large Group Debrief - individuals from each table will provide key messages from their discussions 10 min
- * Small Group Discussion - Documentation and Resident Progress Review - 20 min
- * Large Group – individuals from each table will provide key messages from their discussions - 10 min
- * Sharing key insights from the session - 10 min

Target Audience - Program Directors, Assessment Directors, Faculty Development Directors

Learning objectives:

Describe the programmatic assessment model for Canadian Family Medicine residency programs concept of the periodic review of progress, including necessary learner, faculty and program tasks.

Describe roles and responsibilities for programmatic assessment within their own training program

Apply strategies to enhance progress review and promotion decisions for residents throughout training

Shelley Ross University of Alberta, Shelley Ross University of Alberta, Mirella Chiodo University of Alberta, Paul Humphries University of Alberta, Mike Donoff University of Alberta, Shirley Schipper University of Alberta

8:30-10:00

Monday, April 30, 2018

613

WC - 7
30435
Implementing competency-based medical education on a national scale: Lessons learned from a pan-Canadian evaluation
<p>RATIONALE/BACKGROUND: The pendulum shift to competency-based medical education (CBME) has been embraced by the medical education regulatory bodies in Canada. The Triple C Competency-Based Curriculum has been in place since 2010, and The Royal College of Physicians and Surgeons began rolling out their Competence By Design initiative on July 1, 2017. While the two Colleges have adopted distinctly different approaches to shift training programs to CBME models, there are similar challenges being faced by the Program Directors and residency programs across Canada: How do I do this? “How” is not a singular issue: in addition to determining how best to assess competencies (tools and processes), programs must also decide how to inform residents and preceptors about new systems and procedures, how to administer new systems and processes, and how to evaluate and validate the data needed for arriving at decisions about competence. In essence, there is more to the shift to CBME than just deciding on competencies and selecting tools; change management must also be navigated successfully. In this workshop, the elements of change management will be presented and discussed, using examples and data from a residency program that has been competency-based for seven years. A validated change management framework will be described, and participants will have the opportunity to discuss how their unique context and program might benefit from a structured change management approach to implementation of CBME.</p> <p>INSTRUCTIONAL METHODS: This interactive workshop integrates presentation, case examples, and both table and group discussion; emphasis will be placed on applying change management to cases from participants’ programs. Sharing experiences from all participants is strongly encouraged.</p> <p>TARGET AUDIENCE: This workshop would be of interest to program directors and those involved in program planning, particularly those who have recently implemented or are planning implementation of competency-based education and assessment.</p> <p>LEARNING OBJECTIVES: By the end of this session, participants will be able to: 1) Describe the challenges of implementing competency-based education; 2) Identify specific issues in their own programs that will need to be addressed; 3) Formulate ways to address at least one aspect of change management for their own program.</p>
DEENA HAMZA University of Alberta, DEENA HAMZA University of Alberta, Shelley Ross University of Alberta, Milena Forte University of Toronto, Lawrence Grierson McMaster University, Kathy Lawrence University of Saskatchewan, Elaine Van Melle Queen’s University
8:30-10:00
Monday, April 30, 2018
109

WD - 1
29984
The impact of gender bias on performance assessment: Is competency-based medical education ready?
<p>ABSTRACT: One of the key elements of managing change in education is evaluating new innovations. In this workshop, we will discuss the importance of program evaluation to long-term sustainability of CBME, using Canadian family medicine training as a case study. The College of Family Physicians of Canada (CFPC) introduced the Triple C Competency-Based Curriculum (Triple C) in 2010, and concurrently developed an evaluation plan. This included capturing: information from residents at entry to and at exit from their family medicine program; data from programs about their Triple C implementation progress; and qualitative information about barriers and enablers to Triple C implementation from support staff, program directors, department chairs, and postgraduate Deans.</p> <p>The purpose of this workshop is threefold: First, participants can learn from the experiences of the CFPC as we present the developmental steps involved in drafting an evaluation plan. Second, current results from the Triple C evaluation will be discussed to demonstrate the utility of findings to guide program improvement. And third, lessons learned from this process will help participants jumpstart their own evaluation of CBME implementation as their programs transform.</p> <p>ORGANIZATION AND METHOD OF PRESENTATION: This interactive workshop is designed to engage participants to think about complex program evaluation. Through table work and large group discussions, participants will explore what they may wish to include in their own evaluation plan. Using the Triple C evaluation findings as a case study, participants will debate how they might use evaluation data to inform their own programs.</p> <p>TARGET AUDIENCE: Program directors and curriculum planners in early, mid-, or late stages of CBME implementation.</p> <p>LEARNING OBJECTIVES: By the end of the workshop, participants will be able to: 1) identify the steps and methods involved in complex program evaluation; 2) describe the value of the information that may be obtained by evaluating their implementation of CBME; and 3) utilize information collected from program evaluation to guide program and faculty development.</p>
Sophie Soklaridis University of Toronto, Dr. Evan Tannenbaum OISE, Ayelet Kuper University of Toronto, Cynthia Whitehead University of Toronto, Genevieve Ferguson Centre for Addiction and Mental Health, Laura Naismith Centre for Addiction and Mental Health, Csilla Kalocsai Centre for Addiction and Mental Health
13:00-14:30
Monday, April 30, 2018
603

WD - 2
29969
Enhancing the professional development of physicians through the habitual use of assessment and reflection on practice.
<p>RATIONALE: We know that gender bias exists because men and women receive different performance evaluations which cannot be explained by objective differences in teaching, research and the workplace. In higher education, women faculty members systematically receive lower evaluations than their male colleagues and this problem is most prominent among junior women instructors. Given the move towards competency-based medical education and the concomitant increase in performance evaluations of learners, addressing gender bias and the unintended consequences this might have on women residents is an imperative. To the best of our knowledge, there have been few attempts to examine the impact of gender bias on teaching techniques (i.e. simulation); assessment tools/approaches (i.e. within competency-based medical education and entrustable professional activities) and the provision of feedback in residency education. Performance assessments that do not take into consideration the concept of gender can have long-term negative effects on women with regards to career and even provide insights as to why- despite the fact that women represent a fast-growing segment of the medical profession - there remains a dearth of women leaders in academia and healthcare organizations.</p> <p>INSTRUCTIONAL METHOD: We will go through various didactic and interactive exercises to draw upon participants' experiences including large and small group discussions, written activities and scenarios with opportunities to role-play.</p> <p>TARGET AUDIENCE: Educators at all levels of the education continuum, particularly curriculum designers and those responsible for the development of performance assessments and feedback.</p> <p>OBJECTIVES: Participants will</p> <ul style="list-style-type: none"> * Learn the current state of gender bias on teaching, research and the workplace, in general, and in performance and assessments in academic medicine, in particular. * Identify features and strategies to recognize potential gender bias in competency-based medical education assessment, entrustable professional activities and the provision of feedback * Consider strategies to address gender bias in performance assessments
Constance LeBlanc Dalhousie University, Graham Bullock The College of Physicians and Surgeons of Nova Scotia, Joan Sargeant Dalhousie University, Rhonda Kirkwood The College of Physicians and Surgeons of Nova Scotia
13:00-14:30
Monday, April 30, 2018
604

WD - 3
29902
Comprehensive Pre-departure Training and Assessment tools for Undergraduate Medical Students Participating in Global Health Internships: A model
<p>RATIONALE/ BACKGROUND</p> <p>Physicians have a professional obligation to remain current and respond to advances in practice. Regulatory authorities require that physicians demonstrate this ongoing commitment to learning, most often by participating in and credit reporting on Continued Professional Development (CPD) activities. However, this approach pays relatively little attention to actual physician, practice or patient needs. Further, the impact of CPD on practice is rarely measured. A more purposeful, practice and assessment-driven approach to professional development and improvement would arguably be more effective, but represents a significant shift in thinking.</p> <p>We have embedded a reflective exercise, based on the Federation of Medical Regulatory Authorities of Canada Physician Practice Improvement (FMRAC-PPI) framework, into a new regulatory practice assessment program. This exercise is intended to act as a stimulus through which physicians will identify strengths and challenges in practice, reflect on the feedback provided by the practice assessment, and plan ongoing data-informed professional development or practice improvements. Trained physician peers provide specific practice feedback, facilitate reflection through the FMRAC-PPI lens, and coach reviewed physicians on making change using the novel R2C2 model. Although our program is currently directed at primary care physicians, the approach is transferrable to many specialty practices. We contend that a practice improvement approach to CPD will be more effective than the current credit counting system, which is rarely informed by either practice needs or outcomes.</p> <p>INSTRUCTIONAL METHODS:</p> <p>This is an interactive workshop including:</p> <ul style="list-style-type: none"> * Brief presentation of evidence regarding best CPD practices * Small group discussions of strategies to enable alternate approaches to CPD, and sharing in large groups * Using case scenarios in small groups to identify techniques to assess different CanMEDS practice domains <p>TARGET AUDIENCE:</p> <p>Practicing physicians, regulatory agencies, CPD providers, education researchers</p> <p>LEARNING OBJECTIVES:</p> <p>Participants will:</p> <ul style="list-style-type: none"> * Review the evidence regarding best practices in CPD and discuss novel approaches. * Discuss strategies to engage and support physicians in taking a more purposeful, practice and outcomes-focused approach to professional development. * Explore techniques for assessing different facets of practice, necessary to planning and measuring the impact of professional development activities.
Xiya Ma Université de Montréal, Wenzhen Zuo Université de Montréal, Justine Robillard Université de Montréal
13:00-14:30
Monday, April 30, 2018
609

WD - 4
29905
Addressing Indigenous Inequity in Health Care: Using Role-Play for Reconciliation
<p>RATIONALE/BACKGROUND: Global Health electives are becoming increasingly popular amongst Canadian medical students, many of which go unprepared to face ethical and cultural challenges. In response, the CACMS requires medical faculties in Canada to establish a pre-departure training for their students going abroad. However, there is currently a high variability in terms of methods and content depth across schools, which may influence students' level of preparedness for their international experience. For close to a decade, the Standing Committee on Immersions (SCOI), a student-run initiative, has developed an expertise in pre-departure training for Québec medical and health science students, especially for low-resource health care settings. We believe our model can aid faculties in setting up or improving their existing program.</p> <p>INSTRUCTIONAL METHODS: The workshop will open with a discussion on the important elements of a comprehensive pre-departure training according to CACMS standards. After an overview of its structure (15min), participants will experience firsthand its content through a sample of its interactive workshops.</p> <ul style="list-style-type: none"> * The story of Adelina (30min): participants will understand the complexity of the poverty cycle by extracting concepts from vignettes. * Cultural roleplays (30min): participants will be called to react spontaneously to situations highlighting the intertwinement of culture and health care delivery. <p>The workshop will end by discussing the assessment tools used to evaluate the targeted competencies (15min).</p> <p>TARGET AUDIENCE: Faculty members, residents and students interested in global health education and in implementing or improving their pre-departure training are encouraged to partake in the workshop.</p> <p>LEARNING OBJECTIVES: Participants can expect to:</p> <ul style="list-style-type: none"> * Improve their understanding of what a comprehensive pre-departure training entails. * Experience the diversity of teaching methods to engage students in learning about culture, ethics and social determinants of health. * Learn the various assessment tools for measuring students' transformative learning as well as impact on the host hospital, local community and patient safety. <p>REFERENCES:</p> <ul style="list-style-type: none"> * Dell et al. _The ethics and safety of medical student global health electives._ Int J Med Educ. 2014; 5: 63–72. * Committee of Accreditation of Canadian Medical Schools. _CACMS Standards and Elements._ August 2015. * IFMSA-Québec. _Immersion (SCOI)_. http://ifmsa.qc.ca/en/committees/immersions-scoi/about/. 2017.
Lloy Wylie Western University, Lloy Wylie Western University, Stephanie McConkey Western University, Danielle Robinson Western University
13:00-14:30
Monday, April 30, 2018
611

WD - 6
29906
The Long and Short: Keys to Empowering Your Rural Preceptors as Researchers
<p>RATIONALE/BACKGROUND: 6for6 is a research-focused, longitudinal faculty development program that embodies Memorial University's 50-year commitment to distributed medical teaching. Named after its unique format where six rural preceptors attend six sessions in one year, 6for6 empowers its participants with tailored education in research skills, longitudinal professional partnerships, dedicated research assistance and a built-in project incubation initiative. This synergistic approach has successfully enabled 18 distributed teachers to conduct 18 community-relevant research project relevant to their remote communities and practices on topics from aeromedical evacuation in Labrador to rural generalist resilience.</p> <p>PURPOSE: Drawing on 6for6 projects for examples, we will identify the faculty development approaches needed to support distributed teachers as they navigated specific, community-relevant research scenarios. Break-out activities facilitated by expert mentors from 6for6 will challenge attendees to consider solutions to the barriers to research-focused longitudinal faculty development at a distance. Small group discussions will follow to introduce participants to the key pillars of remote faculty development and encourage them to consider how to apply these principles to support their own rural faculty to conduct research.</p> <p>TARGET AUDIENCE: This session is intended for those interested in research at any stage and faculty who support research.</p> <p>LEARNING OBJECTIVES: After this session, participants will be able to:</p> <ol style="list-style-type: none"> 1) List the principles of research-focused rural faculty development. 2) Identify solutions to the many barriers to research-focused rural faculty development. 3) Apply best practices in research-focused rural faculty development.
Cheri Bethune Memorial – University of Newfoundland, Shabnam Asghari Memorial – University of Newfoundland, Wendy Graham Memorial – University of Newfoundland, Thomas Heeley Memorial – University of Newfoundland
13:00-14:30
Monday, April 30, 2018
613

WD - 7
30440
Developing Competency-based Remediation Plans for Residents in Difficulty
<p>RATIONALE/BACKGROUND Residency training programs across Canada are in varying stages of implementation of competency-based curricula and assessment. When residents are identified as experiencing difficulty in meeting required program competencies as per CanMeds or CanMeds-FM, they benefit from robust competency-based remediation plans to help guide their learning and support educational success.</p> <p>INSTRUCTIONAL METHODS The workshop begins with a brief overview of the literature on postgraduate learners in difficulty and components of successful competency-based remediation planning.</p> <p>In partners and small groups, participants review cases and tools for remediation planning. Participants engage in guided discussion around their own experiences in remediation planning, including successes and challenges. This is followed by facilitated large group discussion of highlights.</p> <p>Again, in partners and small groups, specific remediation plans are reviewed and assessed for strengths and areas for improvement, using a competency-based lens. This is supplemented by personal experiences in remediation plan development. Pearls are shared with the large group.</p> <p>Take home points, resources and handouts are highlighted. At the conclusion of the workshop, participants will have explored processes, frameworks and tools to support the development of comprehensive, competency-based remediation plans for postgraduate learners.</p> <p>TARGET AUDIENCE Postgraduate Preceptors, Leads in Education, Assessment and Remediation, Program Directors</p> <p>LEARNING OBJECTIVE To develop an approach to creating comprehensive, competency-based remediation plans for residents in difficulty.</p>
Heather Waters McMaster University, Joyce Zazulak McMaster University, Sarah Kinzie McMaster University, Heather Waters McMaster University, Joyce Zazulak McMaster University, Sarah Kinzie McMaster University
13:00-14:30
Monday, April 30, 2018
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WE - 1
30232
Yes We Can: Preparing Faculty to Report Trainees with Professionalism Lapses
<p>Rationale: Assuring that medical trainees establish and maintain professionalism is a foundational element of medical education. Faculty are tasked with identifying and reporting students with professionalism lapses. This interactive workshop will specifically address faculty reluctance to report and address approaches to this barrier.</p> <p>Background: Ziring et al (Acad Med. [1] 2015 Jul; 90(7):913-20.) in a survey of US and Canadian medical schools identified faculty reluctance to report medical students as a barrier. Recent work exploring reasons for this reluctance at four US and Canadian schools determined some overarching themes. These include not understanding the process, time and concern about impact on the student or the reporter. In addition, it appears that faculty are not always sure if a lapse has occurred and/or chose to deal with it informally. This leads to difficulty identifying students with patterns of lapses.</p> <p>Purpose: This interactive workshop will address identified barriers and using case based discussion demonstrate approaches to overcoming faculty reluctance to report. The presenters each deal with professionalism education and assessment and have expertise in administrative processes and faculty development.</p> <p>Objectives: By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> * Describe the key barriers to reporting medical students with professionalism lapses at their own institutions * Identify specific approaches to address these barriers * Establish networks within and across institutions to support addressing these barriers <p>Agenda</p> <p>Introduction (15 minutes) Overview of session and introduction of presenters. Identification of attendees' roles, expertise and needs</p> <p>Presentation (10 minutes): What we know about reluctance to report: an overview of the literature with focus on recent work at 4 schools.</p> <p>Small group discussion and report back (20 minutes): How we currently deal with trainees with professionalism lapses at our institution</p> <p>Small group discussion and report back (25 minutes): Case based discussion of scenarios addressing faculty concerns about reporting.</p> <p>Presentation (10 minutes): A systematic approach to addressing the challenge. Addressing concerns at the individual, departmental and faculty levels</p> <p>Summation and evaluation (10 minutes). Key messages, Individual commitment to action. Overarching next steps.</p> <p>Links:</p> <p>[1] https://www.ncbi.nlm.nih.gov/pubmed/?term=ziring+d+academic+medicine</p> <p>Deborah Danoff McGill, Heather Lochnan University of Ottawa, Deborah Ziring Sydney Kimmel School of Medicine of Jefferson University, Deborah Danoff McGill</p>
15:00-16:30
Monday, April 30, 2018
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WE - 2
30124
Peer Coaching for Teaching
<p>RATIONALE: A recent systematic review of faculty development initiatives designed to enhance teaching effectiveness supports broadening from formal, structured programs such as workshops to other methods, including peer coaching (Steinert et al., 2016). Peer coaching can be a helpful tool for professional development in many contexts (Sekerka and Chao, 2003). We have found that peer coaching in medical education can be useful for clinical and classroom contexts as a tool intended to improve teaching skills. The purpose of this workshop is to introduce the idea of peer coaching for medical educators and faculty developers, and discuss considerations for implementation drawn from the literature, as well as our own experiences.</p> <p>INSTRUCTIONAL METHODS:</p> <p>10 minutes: Introduction and review of literature around peer coaching in health professions education 20 minutes: Facilitated large group discussion with opportunity for participants to discuss experiences with peer coaching, including perceived or experienced advantages and challenges in their local contexts. 20 minutes: Participants provided with a suggested approach for peer observation, with opportunity to apply this to a video observation of a teaching encounter. 10 minutes: Participants debrief experience of using the approach. 30 minutes: Facilitated large group discussion of how to facilitate the transfer of learning back to own contexts, to overcome predicted, perceived and literature supported barriers.</p> <p>TARGET AUDIENCE:</p> <ul style="list-style-type: none"> * Medical educators who teach * Faculty developers * Anyone considering implementing a peer coaching program <p>LEARNING OBJECTIVES:</p> <ul style="list-style-type: none"> * Review the evidence supporting peer coaching in health professions' education. * Discuss strategies and considerations for implementation of peer coaching to local contexts. * Apply an approach to peer coaching to a simulated teaching encounter. <p>REFERENCES</p> <p>Sekerka, L. E., and Chao, J. (2003). Peer coaching as a technique to foster professional development in clinical ambulatory settings. <i>Journal of continuing education in the health professions</i>, <i>23</i>(1), 30-37. Steinert, Y., Mann, K., Anderson, B., Barnett, B. M., Centeno, A., Naismith, L., ... and Ward, H. (2016). A systematic review of faculty development initiatives designed to enhance teaching effectiveness: A 10-year update: BEME Guide No. 40. <i>Medical teacher</i>, <i>38</i>(8), 769-786.</p> <p>Heather Buckley University of British Columbia , Nawaaz Nathoo University of British Columbia , Surabhi Rawal University of British Columbia , Heather Buckley University of British Columbia , Nawaaz Nathoo University of British Columbia</p>
15:00-16:30
Monday, April 30, 2018
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WE - 3
30063
Building a Community of Support to enhance medical student diversity
<p>RATIONALE/BACKGROUND</p> <p>The Community of Support (COS) aims to increase the number of Indigenous, Black, and economically disadvantaged students in the University of Toronto's MD program and medical schools generally. A diverse physician taskforce is essential to meet the needs of Canada's patient population.[1] [1]</p> <p>COS students have access to:</p> <ul style="list-style-type: none"> * Admissions information: one-on-one advising and events * Access to mentors (medical students, physicians) and experiences (enrichment courses, research and volunteer opportunities) * Application support and MCAT preparation * Transition support for new medical students <p>COS currently has over 800 participants. In 2016, 38% of COS students who received application support were admitted to medical programs across Canada, the US and internationally.</p> <p>INSTRUCTIONAL METHODS</p> <p>PRESENTATION (15 MIN)</p> <p>Presenters will provide an overview of COS and demonstrate how to design an organizational framework to support diversity programming. Emphasis will be placed on leveraging existing resources to encourage the development of sustainable programs.</p> <p>SMALL GROUP ACTIVITIES (60 MIN)</p> <ul style="list-style-type: none"> * In small groups, participants will identify priority groups for admission and locate resources in their school and/or community using a visual chart. * Groups will present their work. * Groups will create a longitudinal outreach plan for a selected institution. Participants will be asked to consider marketing, e-resources, in-person activities, sustained engagement and tracking. * Groups will present their plan. <p>CONCLUDING DISCUSSION (10 MIN)</p> <p>Presenters will provide feedback and suggest best practices. There will be an interactive discussion on how to create programs that benefit the individual institutions' diversity mandates, while considering what student success looks like nationally.</p> <p>TARGET AUDIENCE</p> <p>The target audience is faculty, staff and students who work in and/or have an interest in recruitment, outreach, student services and diversity.</p> <p>LEARNING OBJECTIVES</p> <p>Participants will gain a broader understanding of longitudinal diversity outreach and application support, and will understand the resources required to design an outreach program that reflects their local community and fosters national collaboration.</p> <p>-----</p> <p>[1] [2] Marrast LM, Zallman L, Woolhandler S, et al. Minority physicians' role in the care of underserved patients: diversifying the physician workforce may be key in addressing health disparities. JAMA Intern Med 2014;174:289-91.</p> <p>Links: -----</p> <p>[1] http://events.decorporate.ca/#_ftn1</p> <p>[2] http://events.decorporate.ca/file:///C:/Users/metcal4/Desktop/2018%20COS_CCME%20Abstract%20Submission%20DRAFT%20Sept15.docx#_ftnref1</p>
Hana Lee University of Toronto, Ike Okafor University of Toronto, Ike Okafor University of Toronto, Jessie Metcalfe University of Toronto, Hana Lee University of Toronto
15:00-16:30
Monday, April 30, 2018
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WE - 4
30100
So you want to Implement Programmatic Assessment? Strategies, tactics, and lessons learned from the University of British Columbia (UBC) and the University of Toronto Experiences.
<p>Background:</p> <p>Programmatic assessment shifts the focus of assessment to being_ for _learning. This involves shifting the emphasis from high-stakes assessments to more frequent, low-stakes assessments, that together form a reliable and defensible student performance profile. Translating this into performance enhancement requires facilitated feedback, coaching, and alignment of institutional practices and culture with the stated values. The University of British Columbia (2015) and the University of Toronto (2016) launched fully renewed curricula, including a shift to the paradigm of programmatic assessment, aligned with, and preparing graduates for postgraduate competency by design. Both UBC and University of Toronto employed a project management lens as this shift has been a large scale project involving people, policies, technology, and significant change management. This session aims to share the experiences of two large medical schools, drawing on similarities and differences in context and implementation.</p> <p>Target audience:</p> <p>This workshop assumes a basic knowledge of programmatic assessment as it will focus on planning, implementation, and change management. While primarily intended for curriculum and assessment planners who are contemplating or in the process of implementing programmatic assessment at a program level, the principles may also be applied to smaller courses.</p> <p>Instructional methods:</p> <p>A didactic portion (40 mins) will illustrate key aspects from the UBC and University of Toronto MD Program experiences, in areas such as people, policy and processes, technology, and academic decision making. A mix of large group and small group formats (50 mins) will facilitate dialogue around attendees' emergent areas of interest and own experiences.</p> <p>Learning objectives:</p> <p>At the end of this workshop, attendees will be able to:</p> <ol style="list-style-type: none"> 1)Describe an approach to implementing programmatic assessment 2)Recognize the importance of intentionally aligning principles throughout structures, policies. 3)Identify strategies for addressing challenges of implementing programmatic assessment.
Glendon Tait University of Toronto, Kiran Veerapen University of British Columbia
15:00-16:30
Monday, April 30, 2018
611

WE - 5
30018
How Can I Support Resident Resiliency?: A Workshop for Leaders in the Postgraduate Environment
<p>RATIONALE/BACKGROUND: Resiliency is the ability to recover from or adjust easily to adverse situations. It is a critical trait for individuals working in high-risk environments such as healthcare. Resiliency training equips learners with the necessary skills to effectively identify, cope with, and recover from challenging experiences.</p> <p>Historically there has not been a national approach to providing resiliency training to residents. To address this pressing need, Resident Doctors of Canada (RDoC) developed a skills-based resiliency curriculum content support from the Mental Health Commission of Canada and the Department of National Defence. RDoCs resiliency curriculum is designed to help mitigate the negative effects of stress during residency, and promotes the importance of mental resiliency in physicians by fostering supportive and positive learning environments. The curriculum has recently been expanded to include an additional module for medical leaders, in order to help leaders support and strengthen resident resiliency.</p> <p>INSTRUCTIONAL METHODS: The leadership workshop will employ a combination of didactic and multimedia presentation methods, as well as interactive small group exercises and discussions. Participants of the leadership workshop will be given an overview of the resiliency training workshop for residents, and will become well-versed in the language of the Mental Health Continuum Model. Participants will learn which actions they can take to help residents maintain or recover a state of well-being. Ample time for discussion and feedback will be provided. Participant feedback will be incorporated into the next version of the leadership module.</p> <p>TARGET AUDIENCE: This session is designed for chief residents, program directors, program administrators, wellness office staff, postgraduate deans, and any others who support and provide guidance to residents.</p> <p>LEARNING OBJECTIVES:</p> <ul style="list-style-type: none"> * Participants will be able to identify signs of distress in residents at various stages of the Mental Health Continuum Model. * Participants will be able to recognize the importance of early intervention for residents in distress. * Participants will have a more in-depth knowledge of how best to support residents in distress and help them draw upon and apply the practical skills they have learned.
Amanda Ritsma McMaster University, Jasmin Yee Resident Doctors of Canada, Kimberly Williams University of Calgary
15:00-16:30
Monday, April 30, 2018
612

WE - 6
30102
Back to basics: Optimizing Survey Design and Analysis in Program Evaluation
<p>BACKGROUND: Surveys are the most widely used tool in program evaluation, yet best practices in survey design and analysis are less well known. In this workshop, we will review and critique several approaches to survey design and analysis to optimize your use of survey results. We will review the evidence on item development, data collection, statistical tests for post-program as well as pre/post program designs, and formats for the presentation of Likert-scale data. This session will also focus on ways to foster an 'evaluation culture' in your organization and support the use of evaluation results in program improvement.</p> <p>INSTRUCTIONAL METHODS: Facilitators will guide participants through a sample survey and use small and large group discussion to identify common pitfalls and limitations in survey design and analysis. All participants will receive a resource guide that summarizes best practices in survey design and analysis for future reference.</p> <p>TARGET AUDIENCE: program managers, program coordinators, evaluators, research associates and assistants and anyone with an interest in program evaluation</p> <p>LEARNING OBJECTIVES:</p> <p>In this session, participants will gain a greater understanding of:</p> <ul style="list-style-type: none"> * Best practices in the design of survey items and Likert-scale response options * Approaches to statistical analysis of post-program and pre-post designs * Best practices in the numerical and graphical presentation of survey data
Tanya MacLeod Dalhousie University, Tanya Matheson Dalhousie University, Cindy Shearer Dalhousie University, Michelle Boudreau Dalhousie University, Heather MacLeod Dalhousie University, Darrell Kyte Dalhousie University
15:00-16:30
Monday, April 30, 2018
613

WE - 7
30450
Who's connected to whom and how: Evolving relationships and roles for faculty and curricular developers in terms of curricular renew and innovation
<p>RATIONALE/BACKGROUND</p> <p>Globally, health professions education is undergoing rapid reform. Curricular innovations change what and how faculty need to teach, and transform the focus and the roles of the faculty. FD is fundamental to the success of curriculum renewal. Yet it is most often thought of as a 'last step'. Most FD programs support curriculum implementation, but only few use FD to drive curriculum change, or to support curriculum design, development, and delivery in an integrated way.</p> <p>INSTRUCTIONAL METHOD</p> <p>The workshop will introduce core concepts relating to FD during curriculum change and engage participants in the practical application of these concepts. An interactive case-based format will be used for small group problem analysis and discussions around common medical education scenarios, specifically transition to competency-based education programming and implementation of an integrated case-based learning. Participants will explore current and evolving roles of FD within curriculum renewal and identify issues and strategies that can apply to their own contexts. Participants will analyse worked examples to support consideration of options for local solutions</p> <p>TARGET AUDIENCE: Workshop is intended for health professions faculty involved in faculty development and/or curriculum development from institutions engaging in significant curriculum renewal, innovation and change.</p> <p>LEARNING OBJECTIVES:</p> <p>After participating in this workshop participants will be able to:</p> <ol style="list-style-type: none"> (1) critically reflect on the nature of the relationship between FD and CD during rapid curriculum renewal and change; (2) identify various FD roles and tasks required to support an health professions education system undergoing curriculum change; (3) describe potential challenges and strategies; and (4) identify approaches to interweaving the identification of faculty needs concurrently with the curricular change phases.
Susan Glover Takahashi University of Toronto, Jana Lazor University of Toronto, Karen Leslie University of Toronto
15:00-16:30
Monday, April 30, 2018
109

WF - 1
30365
Channeling Empathy into compassion and caring using guided narrative reflection in students in the healthcare professions. A strategy to build resilience, and enhance the patient experiences.
<p>Background Empathy is an emotion, quality and skill that can be strengthened in the way that leadership and professionalism can be fostered. Development of empathy requires an element of self-awareness that can involve use of an empathy index. As well, narrative reflection is a method to advance self-awareness and can be used to channel prosocial, positive thoughts into an altruistic actions that include the demonstration of compassion and caring.</p> <p>Instructional Methods The group will be divided into small discussion groups and at times into pairs with the intention to report back to the full group.</p> <p>Participants will have a brief introduction to the concepts of learning empathy and transforming their empathy into supportive actions that contribute to personal happiness. The participants will complete the Interpersonal Reactivity Index (IRI) used to determine empathy as well as the element of resilience. Self-scoring will be done in order for participants to have experience with this tool and consider adopting for use for their learners. Participants will discuss their impressions of completing the survey, and the feasibility to use in their context.</p> <p>In the second activity participants will simulate a session for medical students in which video scenarios designed to evoke empathy will be shown. Participants will practice by completing a guided narrative reflection exercise. Pairings of participants will discuss their narratives with emphasis on whether the video enabled the understanding of the perspective of others sufficiently to create empathetic feelings, and whether the guided reflection helped them identify supportive actions such as “What can I say or do to show I care?”</p> <p>Target Audience: This workshop is ideal for those interested in professional identity formation that includes development of resilient and compassionate physicians: curriculum leaders, teachers and program directors who may adopt these learning methods for their trainees.</p> <p>Learning Objectives. The participant will be able to</p> <ul style="list-style-type: none"> * Use guided narrative reflection using empathy evoking videos that together will promote development of prosocial behaviours. * Utilize the IRI tool for their target audience * Describe how empathy can be channelled to supportive feelings and actions to promote resiliency and personal satisfaction.
Heather Lochnan University of Ottawa, Anna Byszewski University of Ottawa, Robert Parson University of Ottawa
8:30-10:00
Tuesday, May 1, 2018
603

WF - 2
30360
Implementing coaching and learning change/action plans into feedback discussions across the continuum
<p>Rationale/Background:</p> <p>Currently medical educators are rethinking assessment and feedback, the connection between the two and their connection to ongoing learning and development. Two perspectives in particular are influencing thinking: competency-based education and programmatic assessment. Both draw our attention to the learner competencies or outcomes required, longitudinal relationships to support learner development and attainment of those outcomes, and the evolving role of supervisor as coach to guide development. In education, the goals of coaching are two-fold: to facilitate the learner's planning for and achievement of immediate learning goals and the development of lifelong, self-directed learning skills. Among coaching strategies, learning change/action plans have proven useful as guides. The R2C2 model, which incorporates building a relationship, exploring reactions to the data, focusing on the content of the data, and coaching the trainee for change, has demonstrated utility in facilitating coaching and learning change plans. This workshop will explore the role of educator as coach, available strategies, and provide specific guidance on the use of learning change/action plans within learner-coach relationships</p> <p>Instructional methods: This is an interactive workshop drawing upon participants' experiences and using various methods:</p> <ul style="list-style-type: none"> * Large group discussion of participant experiences (Objective 1 – 10 minutes) * Interactive presentation of coaching features and strategies (Objective 2 – 15 mins) * Small group critique of a learning change/ action plan (Objective 3 – 10 mins) * Coaching practice in trios with case scenarios and debriefing (Objective 4 - 40 mins) * Large group discussion of coaching across the continuum, and take home messages (Objective 5 15 mins) <p>Target audiences: Educators at all levels of the education continuum with an interest in coaching</p> <p>Objectives: Participants will:</p> <ul style="list-style-type: none"> * Share experiences in and perceptions of coaching * Identify coaching features and strategies, and their fit within assessment and feedback. * Discuss the use of a learning change plan to guide coaching and support learners. * Practice coaching using case scenarios and a change plan. * Consider use of coaching strategies across the education continuum and in different contexts: e.g., immediately following observation vs upon receipt of an assessment report.
Joan Sargeant Dalhousie University, Joan Sargeant Dalhousie University, Jocelyn Lockyer University of Calgary, Sophie Soklaridis University of Toronto, Marygrace Zetkalic Hackensack University Medical Center, Cindy Shearer Dalhousie University, Michelle Boudreau Dalhousie University
8:30-10:00
Tuesday, May 1, 2018
604

WF - 3
30316
A windmill to tackle changing winds: an applied workshop to integrate clinical informatics competencies in medical education using an e-Health resources toolkit
<p>Healthcare is increasingly becoming digital and gaps exist in the training and education of medical students to meet the changing winds of technology. To address the ever-changing digital landscape, a national Canadian clinical informatics competency program was created. Commonly known as the Digital Health “Faculty Associations Content and Training Solutions” (FACTS) program, the collaborative aims to advance clinical informatics in medical, nursing and pharmacy education. This workshop will focus on freely available e-Health resources and informatics competencies that can be integrated into medical education in Canada.</p> <p>The workshop objective is to stimulate dialogue on clinical informatics integration into medical student training and increase awareness of the eHealth resources toolkit and available network of faculty members in medical education who support digital health.</p> <p>The workshop will have four interactive segments:</p> <ul style="list-style-type: none"> * • Introductory presentation of the Digital Health FACTS program and evaluation results to date. The audience will be invited to share the current state of clinical informatics within their respective schools as well as brainstorm ideas to integrate health informatics into the medical curriculum. * An overview of the “Enhanced Medical Educator eHealth Resources Toolkit,” along with an open discussion from participants regarding their awareness of the resources and what additional topics or resources they would like to see added to the toolkit. * English and French medical educators will share their lessons learned and how they have used the resource toolkit in their own teaching, to be followed by a Q&A session. * Workshop participants will be provided a template to reflect on how they could use/integrate available eHealth resources toolkit in their own teaching and have a ‘take away’ plan ready for implementation upon completion of the workshop. The audience will be invited to discuss their plans and details of a national online community will be shared to support their use and integration of the “Enhanced Medical Educator eHealth Resources Toolkit” <p>Medical faculty, educators and preceptors are the target audience for this workshop. Practicing physicians, residents and medical students may also be interested in learning about the eHealth toolkit along with the other interprofessional resources available.</p>
Anne Tran Fazzalari Canada Health Infoway (in collaboration with AFMC), Dr. Candace Gibson Western University
8:30-10:00
Tuesday, May 1, 2018
609

WF - 4

30333

Coaching Learners to Achieve Competencies

Rationale/Background: In competency based medical education, learners work toward specific competencies over the course of their training. While it is important for them to take the primary role in achieving these requirements, they also benefit from coaching through examination and reflection on their feedback and assessments, as well support over time. This role as "Competency Coach" differs from traditional day-to-day teaching, and requires teachers to guide learners in understanding their achievements and gaps as they move through their training.

As described in the CFPC Fundamental Teaching Activities Framework, a competency coach:

- ▲ Helps learner design and update his or her individual learning plan
- ▲ Guides a comprehensive periodic progress review informed by the learner's self-analysis
- ▲ Assists learner in his or her professional development
- ▲ Adjusts teaching interventions to support a learner facing progression challenges

Instructional methods: Using self regulated learning theory as a framework, an interactive presentation will help participants understand their roles as competency coaches, and identify the strategies and tools, which can be useful. Working in small groups, participants will use several teacher-learner cases to apply strategies in working with learners, including those who are struggling. The large group will work together to plan for teacher development as competency coaches.

Target audience: Teachers, program planners and faculty developers

Learning Objectives

By the end of this session, participants will be able to:

1. Differentiate between the activities involved in day-to-day teaching and those required of a competency coach
2. Identify and apply strategies for facilitating the development of learner competencies.
3. Plan teacher professional development as a competency coach

References

1. Walsh A, Antao V, Bethune C, Cameron S, Cavett T, Clavet D, Dove M, Koppula S. Fundamental Teaching Activities in Family Medicine: A Framework for Faculty Development. Mississauga, ON: College of Family Physicians of Canada; 2015.
2. Zimmerman BJ, Bonner S, Kovach R. Developing self-regulated learners: Beyond achievement to self-efficacy. American Psychological Association; 1996.
3. Thorn PM, Raj JM. A culture of coaching: achieving peak performance of individuals and teams in academic health centers. *Academic Medicine*. 2012 Nov 1;87(11):1482-3

Jonel Micklea McMaster University, Ivy Oandasan University of Toronto, Allyn Walsh McMaster University

8:30-10:00

Tuesday, May 1, 2018

611

WF - 5
30302
Difficult Conversations: Helping Trainees Respond to Discriminatory or Excluding Comments from Faculty
<p>Rationale/Background</p> <p>Medical trainees from underrepresented groups face additional challenges in academic settings. Discrimination can come from attendings, fellows, residents, medical students, other staff members and patients alike. It can range from less overt forms of excluding comments like microaggressions, to more overt racism, sexism, homophobia, transphobia and so on. There is an abundance of literature describing the impact of this mistreatment on the trainee's learning environment as well as on their personal and professional wellbeing. However, there is minimal literature on advising trainees how to respond, particularly in high-stakes situation involving their own attending staff, or another staff in a position of power. How can medical educators help their trainees both cope with and communicate well in response to mistreatment from faculty?</p> <p>Using a residents experience of a racial microaggression as an example, this workshop will introduce strategies borrowed from Dialectical Behaviour Therapy, a manualised, evidence-based psychotherapy which operationalises its coping and communication techniques in a concrete, specific way. Removing the strategies from a psychotherapy context gives educators and trainees a framework to discuss coping and communicating without "doing therapy" or requiring formal training in the model.</p> <p>Instructional Methods: Facilitators will interweave demonstration role-play, large group discussion and various brainstorming and skills practice exercises, to present skills trainees can use to both cope with and respond to mistreatment. Given that advocacy is generally agreed to be the most effective method to bring about system change, the workshop will close with a focus on helping a trainee structure a clear and non-defensive conversation with their training director.</p> <p>Target audience: Trainees, supervisors and training directors</p> <p>Learning Objectives:</p> <p>Upon completion of this session, participants will be able to:</p> <ol style="list-style-type: none"> 1. Identify microaggressions and other forms of exclusion or discrimination. 2. Assist a trainee in developing skills to cope with and respond to mistreatment from faculty. 3. Be more willing to advocate for inclusion and equality in participants home institutions.
Carmen Wiebe University of Toronto, Crystal Pinto University of Toronto
8:30-10:00
Tuesday, May 1, 2018
612